

OPIOID CRISIS IN NORTH CAROLINA

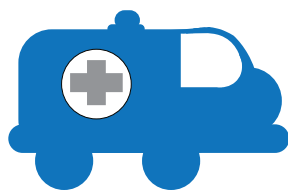
Every day...



Four North Carolinians die from a medication or drug overdose. [a]



Four times more are hospitalized each day on average. [b]

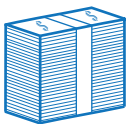


Eight times more are sent to the ER each day on average. [b]

Every year...



These deaths lead to

\$1.8 
billion

in medical expenses and lost work. [c]



And the true economic impact is many millions more, when you include hospitalizations, emergency department visits, social cost of crime, prison, foster care, and other impacts. [d]

Newborn Drug Withdrawal



More than
1 in 100

Newborn babies experience drug withdrawal that may include

Difficulty feeding
Difficulty sleeping
Irritability
High-pitched crying [e] [k] [l]

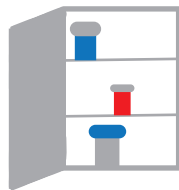
The Dangers of Too Many Pills



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There is one opioid prescription written for every man, woman and child in North Carolina each year. [f]




Millions of leftover pills sit in medicine cabinets at risk of being misused, stolen or sold. [g]

705 million 

That's more than 705 million pain pills in total prescribed to North Carolinians. [f]

82% of heroin users used Rx painkillers before heroin.

884% 
NC has seen an 884% increase in over 5 years in Heroin deaths. [i]

[a] N.C. DHHS (2016)[b] N.C. State Center for Health Statistics, Vital Statistics-Deaths (2014); N.C. State Center for Health Statistics, Vital Statistics- Hospitalizations (2014); N.C. DETECT (2014);NSDUH (2013-2014); CSRS (2014); Analysis by the N.C. DHHS DPH Injury Epidemiology and Surveillance Unit [c] N.C. State Center for Health Statistics, Death Certificate Data [d] N.C.DHHS (2013) [e] N.C. DHHS DPH Injury Epidemiology and Surveillance Unit correspondence [f] N.C. Department of Health and Human Sciences (NCDHHS,2016); U.S. Census Bureau (2016); N.C. DHHS DMHDDSAS DCU manager correspondence[g] Journal of Adolescent Health(2013)[h]Christopher M. Jones, Drug &Alcohol Dependence (2010) [i] N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2008- 2015[j] National Institute of Health(NIH);U.S. National Library of Medicine (2015) [k] NASADAD, "Neonatal Abstinence Syndrome," June 2015 [l] NEJM, "Neonatal Abstinence Syndrome," December 22, 2016.

Key Provisions of the STOP Act – Strengthen Opioid Misuse Prevention Act

Reps. Murphy, Davis, Horn and Malone / Sens. Davis, McInnis and Rabon

Smarter Prescribing

- ✓ **Reduce doctor shopping and improve care with required check of state prescription database.** Before prescribing controlled substances, a doctor, dentist, or other prescriber must check the Controlled Substance Reporting System (CSRS) to learn of a patient's other prescriptions. This check is allowed but not required for cancer treatment, palliative care, hospice care, drugs administered in a health care or residential facility, or prescriptions for 5 or fewer days (or 7 or fewer days after surgery) (§13).
- ✓ **Reduce unused, misused, and diverted pills with 5-day limit on initial prescriptions for acute pain.** A prescriber may not prescribe more than a 5-day supply of a controlled substance (or a 7-day supply after surgery) when first treating a patient for acute pain. This requirement does not apply to cancer care, palliative care, hospice care, or medication-assisted treatment for substance use disorders (§5).
- ✓ **Reduce fraud through e-prescribing.** A prescriber must electronically prescribe controlled substances to reduce fraud stemming from stolen prescription pads or forged prescriptions – except for drugs administered by the prescriber or drugs administered in a health care or residential facility (§5).
- ✓ **Reduce diversion of veterinary drugs.** Veterinarians who prescribe controlled substances must register and report to CSRS to enable detection of drug diversion by pet owners (§9).
- ✓ **Tighter supervision.** Physician assistants and nurse practitioners must consult their supervising physicians the first time they prescribe controlled substances and every 90 days thereafter (§3, §4).
- ✓ **Stronger oversight.** The Department of Health & Human Services will audit doctor, dentist, and other prescriber use of CSRS and report violations to appropriate licensing boards (§13).
- ✓ **Better data use.** The Act expands use of data to detect and prevent fraud and misuse (§11, §12).
- ✓ **More secure funding.** The Act creates a fund to support CSRS with an annual fee on prescribers (§13).

Smarter Dispensing

- ✓ **Universal registration and reporting.** All pharmacies dispensing controlled substances must register for and report to CSRS – consistent with the current practice of most pharmacies (§13).
- ✓ **Near-time reporting to detect and stop doctor-shopping.** Pharmacies dispensing controlled substances must report to CSRS within 24 hours of each transaction – down from the current requirement of 72 hours but consistent with the current practice of many pharmacies (§10).
- ✓ **Detect fraud, misuse and diversion.** Pharmacies must consult the CSRS before dispensing a controlled substance when there is reason to suspect fraud, misuse or diversion and consult the prescriber when there is reason to believe the prescription is fraudulent or duplicative (§13).
- ✓ **Better data.** Pharmacies are required to remedy missing or incomplete data upon request (§10).

A Renewed Commitment to Treatment, Recovery and Saving Lives

- ✓ **Improve health and save money by investing in local treatment and recovery services.** The Act appropriates \$10 million for FY 2017-18 and \$10 million for FY 2018-19 for community-based treatment and recovery services for substance use disorders, including medication-assisted treatment (§14).
- ✓ **Reverse overdoses and save lives.** The Act facilitates wider distribution of the overdose-reversal drug naloxone by clarifying that standing orders cover not only individuals at risk, family members, law enforcement, and local health departments but also community health groups (§2). In addition, the Act underscores that no state funds may be used to support needle exchange programs but does not preclude a local government from supporting such a program in its community (§8).